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ABSTRACT

As part of a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act and to provide comprehensive and authoritative information on critical issues concerning young children and families in California, this report focuses on the role of public education and outreach and provides background information on the basic development and production steps for a successful health communication campaign. The paper describes the processes and possible outcomes that Proposition 10 commissions can achieve by using techniques of strategic communications. The discussion includes definitions, principles of campaign development and implementation, evaluation practices, recommendations for resource allocations, lessons learned, and sample case studies. Conclusions and recommendations illustrate possible Proposition 10 funding and policy directions. The report's three appendices list maternal and child health organizations, present a bibliography of evaluated maternal and child health campaigns, and describe common theories and models used in communications campaigns. (Contains 28 references.) (KB)

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UCLA Center for Healthier Children, Families and Communities

Building Community Systems for Young Children

Building Community Systems for Young Children is a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act. Each installment is written by a team of experts and provides comprehensive and authoritative information on critical issues concerning young children and families in California.

March 2001

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Public Education and Outreach

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Table of Contents

I. Introduction 1

II. How Outreach and Education Campaigns Can Help Achieve Proposition 10 Outcomes ... 5

III. Design and Implementation of Strategic Outreach and Education Campaigns 8

IV. What Proportion of Proposition 10 Funds Would Be Best Spent on Outreach and Education Campaigns? 16

V. Recommendations for Successful Campaigns 17

VI. References 20

VII. Appendix A: Maternal and Child Health Organizations to Contact 21

VIII. Appendix B: Bibliography of Evaluated Maternal and Child Health Campaigns 23

IX. Appendix C: Common Theories and Models Used in Communications Campaigns 26

Public Education and Outreach

I. Introduction

Public education and outreach in historical perspective

Over the past few decades, strategic communications campaigns have become a basic tool used to achieve health and social goals (Rice & Atkins, 1989; Rogers, 1996; Valente, 2000). Campaigns designed to communicate new information, promote innovative health practices and programs, elucidate the links between behaviors and poor health, and obtain support for various causes have become standard practice in promoting healthy development and system-building. Strategic communication campaigns will also be key to achieving the goals of the Proposition 10 commissions in California.

Organized campaigns to inform, educate and produce health and social change in large population groups have had a long history in American culture (Rice and Atkins, 1989; Rogers, 1996; Valente, 2000). In this century these campaigns have addressed issues such as literacy, drug abuse, alcohol use, birth control and sexuality, teen pregnancy, child abuse, venereal disease, injuries, chronic disease, and infectious disease control. Examples of successful campaigns include efforts to change the incidence of smoking, polio, HIV/AIDS, cancer, drunk driving, and prenatal care. (See Appendix B for bibliography of published reviews of different types of campaigns of relevance)

These campaigns have mainly used mass-media approaches to achieve their goals. Mass-media communications evolved as populations became more urban and more literate, and as traditional, person-to-person methods of communication decreased. Mass-media communications, especially advertising, became an increasing influence on people's attitudes and behavior over the past century. Many successful health communication campaigns have modeled their strategies on successful advertising models.

Outreach campaigns, designed to engage a population group in specified activities or behaviors, reach many different audiences with different types of messages and strategies. Comprehensive, multi-media communication methods have improved the ability of outreach campaigns to effectively reach selected groups. These campaigns have relied on commercial marketing theory and techniques (Manoff, 1985; Kotler, 1989; Andreason, 1995; Siegel, 1998) as well as more basic communications theories (see Appendix C).

This paper provides background information on the basic development and production steps for a successful health communication campaign. Specifically this paper describes the processes and possible outcomes that Proposition 10 commissions can achieve by using techniques of strategic communications. The discussion will include definitions, principles of campaign development and implementation, evaluation practices, recommendations for resource allocations, lessons learned and sample case studies. Conclusions and recommendations will illustrate possible Proposition 10 funding and policy directions.

The information presented is not theoretical, nor does it endorse any one specific theory; rather, it presents an array of theoretical ideas that have been used to shape campaign strategies (see Appendix C). The paper provides a practical guide for how to plan and evaluate communication campaigns. That said, there are a number of assumptions about social cognitive processes, human information processing, audience exposure, audience selectivity, message development and diffusion of information that will necessarily guide any campaign design.

Concepts that guide the creation of communications campaigns draw directly on theoretical and conceptual ideas that give primacy to individuals' ability to process and integrate a large array of information, the capacity of organizations to fashion relevant and memorable messages, as well as the efficiency of the current communication infrastructure to disseminate these messages to a large and diverse audience. Finally, when we discuss knowledge, behavioral and activity change linked to campaigns, we are assuming that change is taking place at the level of populations, not simply individuals, although of course individual change is a necessary ingredient in creating change among a population.

Why public education and outreach is important to achieve Proposition 10 strategic results

Each county Proposition 10 Commission is charged with the responsibility of planning and designing a comprehensive, integrated strategic plan to implement the California Children and Families Act of 1998 to achieve three strategic results:

1. Improved Family Functioning: Strong Families;
2. Improved Child Development: Children Learning and Ready for School;
3. Improved Child Health: Healthy Children
   (Proposition 10 State Commission Executive Summary Guidelines, 9/99, p. 5)

Each county commission is required by the act to coordinate a wide array of funded and other coordinated programs and strategies into a "consumer-oriented and easily accessible system." In addition, the State Commission advises county commissions to develop and implement their strategic plans in a manner that is as inclusive as possible. The State Commission, in its Executive Summary Guidelines, also recommends the utilization of strategies that are both culturally sensitive and responsive to the needs of children and families with special conditions. The same document exhorts County Commissions to adopt strategies that use up-front investments to maximize long-term impact, thus building the potential for both sustainable and improved outcomes.

Each of these points underscores the need for Proposition 10 commissions to design and implement comprehensive, well-integrated communication and outreach campaigns that support a larger system of activities, organizations and initiatives. Creating innovative and effective programs in communities and organizations is only one part of the solution. Successful programs have shown that a comprehensive or system-building approach to achieving population health goals is critical. A carefully engineered strategy to communicate information to selected groups about programs, key health and behavioral practices, and systems change concepts is a basic principle underlying our approach.

Proposition 10 communication campaigns may be directed at a range of stakeholders. This includes those who are going to be users of services and programs (parents and families), as well as those who will provide services and participate in system-building activities (providers, employers, policymakers, and community-based organizations). Both groups are essential to bringing about the type of system change desired by this initiative, as they are the groups who will have the most important impact on the children themselves. For example, parents can learn how to produce positive outcomes for their children by adopting more active parenting styles or engaging in reading activities at an early age. Or health, social service, and education professionals who work with parents and young children can learn to support and reinforce the new information that their clients have received. Campaigns can also help other stakeholders, such as school principals or WIC program operators, integrate Proposition 10-supported programs into their communities and practices.

On another level, campaigns can be used to raise awareness of issues supported by Proposition 10 among all members of the general public and also persons engaged in policy formulation. Programs, services, and policy initiatives that support Proposition 10 activities can be sustained only by a public that is informed about their effectiveness and importance. This support translates into continued funding and policy development for these programs (Flora, Maibach & Maccoby, 1989). This is another key strategy for Proposition 10 since monies will necessarily be heavily leveraged with funds from other public and private agencies (Hayes, 2000).

Building a common lexicon

To build a common understanding of strategically planned health communication campaigns, familiarity with the following concepts and terms is suggested:

- ***Outreach*** A term commonly used to describe efforts to reach chosen groups with information on education, services, products, and health practices. This term is often used incorrectly to describe multiple, unlinked activities, not well-planned campaigns.

- ***Public communication campaigns*** Planned attempts to inform, persuade, or motivate awareness, behavior, or policy changes in well-defined audiences. Generally these non-commercial campaigns take place over a defined time period, are well organized, often use the mass media, include message production and distribution, and often use interpersonal support (Rice & Atkin, 1989; adapted from Rogers & Storey, 1987) (Backer, Rogers & Sopory, 1992). Campaign goals should be carefully selected following thorough problem and resource analysis, audience research, and other evaluation methods.

- ***Strategy*** Strategies are developed to help program planners create specific activities to meet the selected program and communication objectives. These strategies encompass many levels of activities, including how the messages will be framed, produced, delivered and evaluated. The following are some examples of campaign strategies: community-based advocacy coalitions, dissemination of information, provider training, use of social marketing, empowerment education,

train the trainer, entertainment education[1] and media advocacy. Well-developed campaigns use linked strategies, and may interweave other forms of communication into the strategic plan in order to improve outcomes (Windahl, Signitzer & Benno, 1992). It should be noted that not all campaigns are engaged in advertising through the mass media: some campaigns work within pre-existing organizations such as hospitals, schools, or coalitions to get the word out or effect normative change.

- ***Messages*** Messages communicate content as perceived or intended by the individual who expresses them (senders), and have meaning attributed to them by those who receive them (receivers, audience). Messages should fit within the values and norms of the receiving group; faithfully represent the communication objective; and be able to bring about the change in the priority population as described in the goal (Windahl, Signitzer & Benno, 1992). Key messages are the distillation of an overall messaging strategy into a more limited set of targeted messages.

- ***Audience*** The intended audience, also called target or priority population, is those individuals whose behavior, attitudes, or knowledge are to be influenced by the campaign. The group for whom a message is intended is part of that audience, and is called the receiver group. The priority population and the receiver group are not necessarily identical. For example, parents may receive information that is intended for their children (Windahl, Signitzer & Benno, 1992).

- ***Intended outcomes*** These outcomes are clearly linked to campaign goals and objectives. Intended outcomes may consist of individual changes in cognition, affect, behaviors, or health status. Changes may be at the group or organizational level, or even across a society. Campaigns have produced changes in social norms, media content, public policy, provider practices, voting patterns, large-scale social outcomes as well as product redesign and development. There may be short or long-term intended outcomes as a result of campaigns (Windahl, Signitzer & Benno, 1992).

- ***Unintended outcomes*** Even the most strategically comprehensive campaigns will create unintended consequences. People can misinterpret the message, rewrite the message while communicating it to others, or the campaign can reach undesired populations. Occasionally, unpredictable historical occurrences have affected a campaign and its outcome, both positively and negatively. Some campaigns have evoked controversy. For example, the highly visible "Got Milk" campaign that promoted milk consumption also stimulated debate about additives routinely found in milk and their impact on health.

- ***Social marketing*** This concept entails the use of marketing principles and techniques to advance a social cause, idea, or behavior (Kotler, 1989). As social marketing and communication campaigns have evolved (e.g. 1950s through present), there has been a great deal of exchange between the two traditions, and many campaigns have used social marketing techniques to

1 Infusion of popular entertainment media with educational content - e.g. teen theater, music videos, prime time sitcoms.

achieve their goals. However, there is a clearly defined set of strategies that characterize a "true" social marketing campaign and therefore many communication campaigns have incorrectly been defined as social marketing. (Windahl, Signitzer & Benno, 1992).

Social marketing is the application of commercial marketing techniques to the analysis, planning, execution, and evaluation of communication campaigns. These programs are designed to influence the behavior of priority audiences in order to improve their welfare and that of their society. This definition implies that social marketing is focused on social benefit and not profit, and is based on the priority audience having a primary role in the process (Andreason, 1995, Siegel, 1998). A basic principle of social marketing campaigns is called marketing mix. This entails carefully defining a product (may include concepts, information, service, or a physical product), price (cost to the consumer, not necessarily monetary), place (channel through which the product is delivered) and promotion (communication and/or persuasive activity) (Kotler, 1982; Manoff, 1985).

Although social marketing is predicated on theories of consumer behavior, it is not a theory in and of itself. Therefore, social marketers employ many theories to guide them. All social marketing efforts are characterized by their dedication to high levels of audience research and consumer involvement, and are directed at highly defined audiences. Social marketing has contributed many valuable practices to communication campaigns, such as the expectation that a successful communication campaign must have measurable objectives, and be carefully planned and managed (Lefebvre & Rochlin in Glanz, Lewis & Rimer, 1997).

II. How Outreach and Education Campaigns Can Help Achieve Proposition 10 Outcomes

What are the best uses for education and outreach campaigns?

A number of experts have described the purposes for which large-scale communication campaigns have been successful (Passick & Wallack, 1989; Flora, Maibach & Maccoby, 1989; Tones, 1994). We have summarized their observations to conform to the acronym SOONER as a memory aid and also to suggest that programs that utilize education and outreach campaigns to achieve objectives that are aligned with the principles outlined in this approach will reach their goals SOONER. Then we have linked these suggested approaches with examples specific to Proposition 10 issues and population needs.

- **Demonstrating Simple skills**

  Examples: taking a child's temperature, appropriate use of medications, proper installation and use of child safety seats, childhood stimulation techniques, correct way to hold a baby, breastfeeding techniques.

- **Influencing One-time behaviors**

  Examples: On the level of the individual, announcing deadlines for enrolling in child development programs and/or classes, changing how parents arrange an environment to be safe and stimulating, or attendance at a parenting workshop or event. On a broader level, motivating audiences to vote for policy and funding changes, via call to action.

- **Serving Ongoing information needs**

  Examples: Increasing parental awareness of ages at which children need immunizations, posting locations and availability of services and programs, increasing demand for assistance with and information about appropriate child rearing practices, increasing awareness among both parents and providers of the system of care available.

- **Disseminating New information**

  Examples: Raising awareness about specific health issues of broad interest, such as increasing parental awareness and knowledge of early childhood development information, translating major developmental milestones into practical information, warning parents about dangerous conditions such as prenatal drug use, highlighting new research findings about new products or procedures, alerting persons to the dangers of specific medications or practices such as leaving children in cars sitting in the sun on a hot day.

- **Effecting changes in public opinion**

  Examples: Increasing public awareness about the need for specific policy initiatives such as increasing maternity/parental leave, hospital policies on breastfeeding, increased funding for parenting classes, rehabilitation services for substance-abusing parents that include services for children, or home visitation programs, childhood services, preventive health care, and school-readiness assessments.

- **Reinforcing positive norms**

  Examples: Suggesting use of time-out techniques instead of physical punishment, listening to children, breastfeeding, proper nutrition during pregnancy, not smoking near children, early prenatal care, immunization requirements, regular check-ups, and others. Reinforce importance of bonding with baby, including activities like holding, breastfeeding, talking to, reading to, spending time with, and playing games with the baby. Encouraging health professionals to become involved in promoting a health subject (Cavill, 1998).

The relative difficulty of achieving campaign objectives

As knowledge about communication campaigns has increased, it has become generally understood that certain types of change are easier to produce than others. We have summarized this literature by grouping typical campaign outcomes on a continuum, from most to least achievable as shown in Figure 1. The more difficult these outcomes are to achieve, the more effort and resources are required on the part of the campaign sponsor to meet campaign objectives. Generally speaking, and based not only on practical experience but also theoretical ideas, behavioral and communication theories propose that cognitive and attitudinal changes are easier to produce than behavioral change (see Appendix C). Stated in an alternative way, it is easier to produce changes in awareness, perceptions, and attitudes than it is to change behavior, increase skills, improve adherence to specific regimens or practices, change or motivate voting behavior, or change social norms more generally as regards a particular practice.

Campaigns that are broader and entail a collective behavioral response, such as changing a social agenda, developing new policy initiatives, or increasing resource allocations for children, require even greater expenditure of effort and resources and are also of longer duration and much greater intensity. Finally, the most expensive and difficult outcome to change is the actual developmental or health status in populations, as it requires outcome changes at each preceding level (awareness, knowledge, attitude, behavior, norms and policy) described above. The information presented in this illustration is important when planning resources for communications campaigns.

Figure 1: Achievable outcomes in communication campaigns

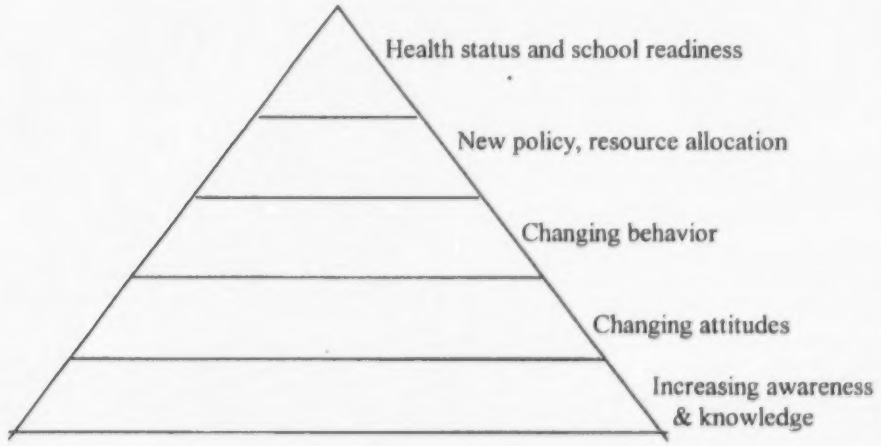

Figure 1: As we move up the pyramid, campaign outcomes are increasingly difficult to achieve. The most difficult outcome to produce is change in health status, which requires changes on each of the preceding levels.

While campaigns and campaign themes can cover a broad spectrum of outcome objectives, trying to change underlying values or belief systems is not considered an appropriate use of campaigns. For example, a basic universal social value is "Being a good parent and taking care of your children." In all cultures, the social worth of individuals and families is measured by the outcome of their child-rearing practices. Proposition 10 commissions do not need to develop campaigns to change this basic value. However, they could use this basic value as a starting point that incorporates this type of parental motivation in the content of the campaign to instruct individuals about the practices that must be adopted to produce positive family outcomes.

Another issue is targeting very high-risk families with broad public communications campaigns. Physical or sexual child abuse, denial of pregnancy, or drug abuse during pregnancy are serious problems but take place in a small minority of all families. While campaigns described can attempt to pull these high-risk populations into services, broad campaigns do not have the capacity to change deeply embedded behavior patterns that occur in some families or individuals. However, all families can be directed toward improved outcomes, better use of services, and relevant information and child-rearing suggestions.

Finally another group of families that must be considered are the "hard to reach." It is generally understood that significant resources must be directed to campaigns designed for such families. Since "hard to reach" families are by no means homogenous in their needs or their level of isolation, it is critical that separate strategies be developed for each of the many segments that make up this priority group. There are many different factors that identify the subgroups of this population. For instance, this category includes those families who have:

- Very low literacy levels in any language;
- Specific cultural or ethnic backgrounds;
- Limited or no English skills;
- Traditionally unreachable through mass media;
- Overwhelming numbers of conflicting needs, all of which are high-priority, such as food, shelter, clothing, warmth, etc.;
- Physical or mental health challenges that prevent them from attending to messages delivered.

Proposition 10 commissions have the opportunity to allocate funding to target innovative pilot efforts specifically designed to meet the needs of these less easily reachable populations, as well as research efforts that will result in more information about these groups and in strategies that are likely to be most effective. In this way, these commissions can invest Proposition 10 funds to fuel the development of cutting-edge strategies to work with these critical populations.

III. Design and Implementation of Strategic Outreach and Education Campaigns

Campaigns begin with the recognition that certain health and social disparities and conditions exist, and there are solutions that fall within the designated role of Proposition 10 commissions that can help meet health and social needs of families with young children. Once needs and potential solutions

have been thoroughly assessed, campaigns may emerge as a part of the strategy to better disseminate information, behavioral advice and reinforcement, or to stimulate program enrollment within specific populations and communities, or to support system-wide development. A formal needs analysis using a variety of data sources can be used to define those problems that can be appropriately addressed through outreach and education campaigns (McKillop, 1987). Existing needs assessments and problem definitions can be used when available. If that is not the case, the following steps can be taken.

1. Basic needs assessment and problem statement development

❖ **Identify the extent of the problem.**

- Are there specific groups that are at higher risk for specific problems or poorer outcomes? Identify and define them. (Example: African-American low birthweight, less reading and language exposure of children in some ethnic groups, etc.)

- Is there a discrepancy between ideal developmental goals and current status, in relation to a specific outcome of interest? (Example: School-readiness at first-grade level, immunization status of 2-year-olds, etc.)

❖ **Describe priority population, service and policy environment.**

- Primary audience: those at highest risk (Example: teen mothers)

- Secondary audience: those who may influence primary audience (Example: teachers of teen mothers)

- Segmentation/regionalization: special conditions, specific locale for primary audience (Example: teen mothers who do not speak English)

❖ **Collect, analyze and summarize data as needed.**

- Data collected can be part of other aspects of Proposition 10 needs assessment activities (McKillop, 1987; Sutherland & McCroskey, in print). (For data sources, see Appendix A.)

- The Who, What, When, Where, Why and How of needs assessment can direct data collection. For example, questions that can be raised in the needs assessment are:

    1. Who is most affected by the developmental issues this project will address (e.g., school-readiness, socio-emotional development, etc.)?
    2. What specific issue will this project address?
    3. When is this issue most problematic?

4. Where does this issue most frequently occur?
5. Why is this issue problematic?
6. How can this issue be addressed?

Once needs assessments have been completed and it has been determined that a strategic communications campaign can address the defined problem(s), the next step is to conduct formative research necessary to plan and design an effective campaign, sometimes called marketing or opinion poll research. While a basic needs assessment provides information on who the priority population is, what the problem is and some general goals and objectives, it typically does not provide the information necessary to develop detailed communication objectives, methods and messages. Just as a campaign is more focused and defined than "outreach," formative or marketing research and evaluation must be more focused on the campaign itself to produce the information necessary to build that campaign. To obtain this information, additional research modeled on commercial marketing research practices is undertaken.

❖ **Conduct formative research and evaluation.**

- Gather and review existing data, if available.
- Define specific behaviors, attitudes, knowledge and other related variables that are to be influenced An example of the type of information sought is exemplified in a behavioral analysis of the problem addressed within a priority population.

Example: An ideal behavior would be that all new teenage mothers breastfeed their infants. Current behavior might be that in the priority population (teenaged mothers) only 30% breastfeed.

❖ **Identify the additional information that is needed, survey the priority population and hold focus-group interviews to collect missing, necessary information.**

Example: Additional information needed to create a campaign to increase breastfeeding rates would address why rates for breastfeeding are so low in this group, perceptions of breastfeeding among teen mothers, and analysis of organizational and environmental supports for this practice. Data gathered may come from existing research literature or may require surveys, focus groups, or cognitive interviews.

❖ **Synthesize information to produce recommendations for strategic communications campaign strategy, and outline campaign objectives to be achieved.**

- One way of doing this, if the objectives are to change behavior, is to break down the behavior and influences on behavior into discrete themes or steps.

Example: Determine stages in young woman's pregnancy when the specific messages need to be communicated. For the teenaged mothers' breastfeeding promotion, a campaign could emphasize such themes as planning to breastfeed, breastfeeding support, allaying fears about

breastfeeding, getting ready to breastfeed, the first few days; maintaining breastfeeding, issues of school or work.

❖ **Review theoretical approaches to determine applicability of selected campaign strategies, and begin to detail costs, impact, feasibility for this population, and probability of success.** (See Appendix C).

Example: In the example of promoting breastfeeding among teenaged mothers, an interpersonal strategy using provider training, train the trainer, peer-group supports or mentoring, and personalized materials would be more feasible than radio or television PSAs. However, costs would include incentives for sites, salaries for trainers, salaries for peer supporters or mentors, costs of materials development and production. Feasibility issues include recruitment, organizational linkages and community support.

2. Implementation steps

❖ **Finalize communication objectives based on needs assessment and formative research.**

Example: All first-time mothers will be able to identify and contact appropriate resources in their community for child rearing.

❖ **Set a campaign budget.**

- Basic budgets include costs associated with: pretesting, material production, placement and distribution project staff and other operational, advisory and gatekeeper expenses, evaluation. In general, the most costly budget item will be material production followed closely by distribution costs. This is especially true if you must pay for advertising agency production and message placement in traditional advertising media (billboards, TV, newspapers, etc.).
- Make strategic use of every contact you have to maximize project budget and minimize expenditures. Generally, a fairly competent campaign will produce results that are relatively proportional to overall dollars spent.

❖ **Choose major campaign media formats and channels.**

Example: Radio or television PSAs, billboards, narrowcast posters, point-of-purchase promotions, paid magazine ads, public forums, feature news articles, videos, CD ROMs, photo novellas, booklets and brochures, training materials, curricula, etc.

❖ **Identify the production team for the campaign materials.**

❖ **Build in priority community participation.**

As illustrated in the following case study, the priority community often plays a major role in the overall success of the campaign. Involving the priority community throughout the development and implementation of the communication campaign reinforces the investment of the local community in the campaign goals, empowers community members, results in a sense of ownership of the program on the part of the priority population, and increases the cultural congruence of the campaign with the priority population. This is important because a campaign that appeals and is relevant to the priority population has a greater chance of producing the desired outcome.

Case Study in Building Community Participation:
March of Dimes Healthy Babies, Healthy Communities (MOD HBHC) Campaign

In 1997–1999 the March of Dimes, Southern California Chapter, conducted a communication campaign intended to alert hard-to-reach teenage and young women in geographically and ethnically diverse communities in Los Angeles about the risks associated with alcohol use during pregnancy.

Three priority populations were selected: African-American teens in the Crenshaw District, Hispanic teens in the Northeast San Fernando Valley, and Korean teens and young women who frequent the businesses in Koreatown. In order to achieve the campaign objectives to change knowledge and awareness in these populations, MOD HBHC staff decided to develop a narrowcast message campaign in each of the three communities, and to use a process that included a great deal of community participation in order to work with the community to develop the messages rather than imposing a message onto the community. The project built community advisory boards in each of the three communities, and staff took direction from the members of those groups. Focus groups made up of the priority populations provided extensive input at each stage of the message development and creation process. Marketing and message design professionals from each of the three communities were contracted with to partake in the process.

The resulting campaign truly reflected the feelings of the communities that created it, and teen participants concluded, "We told you what to put on the posters so we would understand the message. You did what we asked, and so we have gotten the message!"

Source: Halpert Schilt E, Glik DC, Zhang W. Narrowcasting the Risks: Drinking During Pregnancy Among African American and Latina Teens. American Journal of Health Promotion (in press).

❖ **Identify and recruit major stakeholders.**

Example: Coalition involvement, gatekeepers, community leaders, etc.

Case Study in Recruiting Stakeholders:
The Los Angeles Alcohol, Tobacco and Drug Policy Coalition

In 1997-98 the Los Angeles Alcohol, Tobacco and Drug Policy Coalition (the coalition) developed and implemented a very successful campaign to restrict alcohol and tobacco billboard advertising. The coalition used these strategies/goals in order to build its effort:

- Getting the right players to the table: Alcohol and tobacco advocates, community members of all races and ethnicities, geographically diverse organizations that work with youth and parents.
- Developing a vision and setting clear goals and objectives: This effort emphasized producing specific short-term results, maintaining a force to achieve the long-term goal of challenging the power of the alcohol and tobacco companies, and the importance of the process of building the campaign.
- Creating a winning message: Coalition strategy sessions resulted in a consensus — to create a message that focused on protecting youth, addressed the critical issues of race, class and gender in alcohol and tobacco advertising, and would appeal to both policymakers and general community members.
- Identifying the core constituency and key allies: The coalition identified and recruited youth and their parents, and ally organizations and leaders who already shared the same ideology.
- Focusing the target and assessing the opposition: Coalition members assessed their key priority population (L.A. City Council members) and determined their positions on the issue, their rationale for that position and the degree to which they were likely to adhere to those positions. That information was incorporated into the campaign's strategic design.
- Utilizing creative tactics: Limited financial resources were one of the main reasons why this campaign had to employ extremely creative communication strategies and use large numbers of community members. Youth and their parents collected petition signatures, participated in activities to attract free media attention, and reported on advertising in their communities. This participation supported a larger effort than could otherwise have been produced with coalition resources.

Source: Gallegos B. Chasing the Frogs and Camels Out of Los Angeles: The Movement to Limit Alcohol and Tobacco Billboards. US Government Printing Office: 1999-785-287.

❖ **Develop creative strategies to create major campaign themes, style and messages.**

Case Study in Creation of Effective Messages:
Anti-Smoking Advertising Campaigns Targeting Youth

Many states in the U.S. have used state revenues from taxes on cigarettes to create statewide anti-smoking advertising campaigns that target youth. Six successful advertising campaigns (Arizona, California, Florida, Massachusetts, Minnesota and Canada) were reviewed for their overall cost-effectiveness as well as factors that seem to predict their success. Four message variables were found that were associated with successful, cost-effective campaigns:

1. Messages needed to include content that has been shown to be effective with youth audiences. In the case of smoking these included messages about the dangers of second hand smoke, messages about deception in tobacco ads, smokers as negative role models, and refusal skills. Content that did not work stressed long- or short-term health consequences of smoking practices.

2. A second factor that increased the effectiveness of anti-tobacco campaigns was a consistent message that was promoted over a long period.

3. A third factor was to use clear, comprehensible messages. Complex messages tend to get misinterpreted: studies show that simple, clear, direct messages are more understandable and are retained better over time.

4. Finally, a fourth factor in campaign success was the use of youth spokespersons, a practice widely used in advertising where youth slightly older than the youth whose behavior is to be changed are the messengers. The basic finding here was that well-developed pretested messages that used a focused approach created more successful campaigns.

Source: Pechman C & Reibling ET. Anti-smoking advertising campaigns targeting youth: case studies from USA and Canada. Tobacco Control 9: ii18-11 31, 2000.

❖ **Build data collection and program evaluation into the structure of the campaign design during this process.**

- These program components must be designed and incorporated into the overall program plan during the design phase in order to make sure that the evaluation is congruent with the campaign and will be an effective measure of outcomes.

❖ **Produce and distribute final materials, and begin monitoring, data collection and program evaluation activities according to plan.**

3. Evaluation and reporting

Strategic communications campaigns have generated a large body of literature and many different approaches to measure effectiveness. In general, campaigns are assessed through survey research techniques with some reliance on formal research designs. In addition, evaluations of campaigns that integrate theory and good research design are more likely to produce valid results. Credible evaluation efforts must carefully select a research design, determine key indicators, establish baselines in priority populations, collect data, perform analysis, rule out alternative theories, and report significant results. There are several excellent resources to use when planning evaluation design, including some resources that focus on communication campaigns (Rice & Atkin, 1989; Rogers & Storey 1987; Valente, 2000).

Case Study in Evaluation:
The Seattle Children's Bicycle Helmet Campaign

A community campaign held in Seattle, Washington, sought to increase parental awareness of the need for helmets, reduce financial barriers to helmet purchase and promote use of helmets by children. A communitywide coalition formed to execute the campaign, and used several methods to achieve the campaign's goals, including stories placed in print and electronic media, public service announcements, a press conference, posters, brochures, stickers, health fairs, school and youth programs and discount coupon incentives, in their annual campaign effort.

The evaluation of this campaign employed a carefully selected formal sampling scheme in which children estimated to be between 5 and 12 years old were observed at the same sites each year while riding two-wheeled bicycles. Helmet use during each observation period was recorded and found to increase significantly as a result of the campaign. Observation sites were carefully chosen to be representative of the area and children's bicycle-riding patterns. The 139 census tracts in Seattle were numbered based on measures of socioeconomic status and divided into tertiles. Within each income tertile, a sample of 150 sites was randomly selected. Observers spent 20 minutes at each site and recorded data. Population-based rates of bicycle-related injuries were then obtained from a large health maintenance organization (HMO). This HMO's membership was demographically similar to the Seattle metropolitan area, and members were required to receive care at HMO-contracted facilities.

Surveillance of HMO reports on emergency room reports on cycling injuries was conducted for one-year periods, both before and after the campaign. Injury rates from both periods were compared. Changes in injury rates were than analyzed in conjunction with changes in helmet use to analyze the impact of the campaign on head injuries caused by bicycle helmet use.

Source: Rivara FP, Thompson DC, Thompson RS, Rogers LW, Alexander B, Felix D, Bergman AB. The Seattle children's bicycle helmet campaign: Changes in helmet use and head injury admissions. Pediatrics, 1994, 93(4): 567-9.

IV. What Proportion of Proposition 10 Funds Would Be Best Spent on Outreach and Education Campaigns?

The traditional business model designates that 10-15% of a company's budget be used for marketing campaigns. Historically this model has produced successful enterprises, where goods and services have been created, promoted and sold to the identified customer base. There has been great resistance to translating this practice into the objectives and practices of governmental and not-for-profit enterprises where the main mission has been traditionally been to provide services and resources rather than to market products or ideas. Several larger, well-funded health- and government-related organizations have begun to use campaigns to achieve communication outcomes (WIC, March of Dimes, Baby-Cal, American Lung Association, Healthy Families/Medi-Cal for Children, etc.). Yet, while there have been specific instances where this business marketing model has been used by government or health organizations to communicate priority information to identified audiences, generally such organizations are relatively unaware of the all the reasons why it is important to use communication campaigns.

In addition to the stated need to get a specific health-related message to a priority population, campaigns also produce general awareness of the agency itself and its mission. Thus, while campaigns may be a key factor in achieving specific population-based objectives for the Proposition 10 Statewide Campaign, a secondary benefit of such campaigns is to produce general awareness and support for the goals of Proposition 10. This increased level of awareness and support is likely to assist in activities to produce policy change, legislative action, and increased financial support from a variety of sources. Therefore, the funds spent on communication campaigns produce results that extend far beyond the specific goals of the campaign. Such results justify the business model approach of budgeting 10-15% of overall Proposition 10 funds to outreach campaigns.

The following are our "Seven Cs of Collaborative Communications Planning" that can help increase the value of Proposition 10 funds:[2]

1. **Carefully evaluate and plan expenditures:** Theoretically, every dollar spent on these campaigns should produce a measurable outcome. At the end of such a campaign period, one should be able to provide a cost accounting for each measurable outcome generated and/or each piece of communication material produced during the campaign, resulting in a cost-effectiveness analysis.

2. **Competent staffing:** Campaign success is strongly linked to the skill level of the staff directing campaign efforts, the experts hired to be responsible for unique campaign components, and how well campaign resources are allocated. While local Proposition 10

2 Phyllis Piotrow and colleagues at The Johns Hopkins University have promoted a schema called The Seven Cs of Creative Communication: command attention, clarify the message, communicate a benefit, consistency counts, cater to the heart and head, create trust, call for action. These points have to do with the nature of the message itself, rather than the process of working in a collaborative environment that our Cs stress (Piotrow PT, Kincaid, D.L., Rimon JG, Rinehart W, Health Communications : Lessons from Family Planning and Reproductive Health. Praeger Publishers, Westport, Connecticut, 1997).

commissions can certainly initiate a campaign, it is important to work with marketing professionals for technical assistance in message development, campaign strategy, implementation, and monitoring and evaluation.

3. **Coordinate messages across campaigns and geographic coverage areas:** This is critical! This is integral to get the most out of Proposition 10 resources. Campaigns with inconsistent messages and fragmented delivery systems serve no one well, least of all the sponsoring organizations. A well-coordinated approach that uses a more centralized planning and production approach can stretch limited resources by producing extremely effective materials at lower cost per unit. Regional or statewide campaigns that are professionally produced will be more effective than local campaigns without such input.

4. **Customize materials that are produced by a centralized group for use by local initiatives and affiliates.** A "one size fits all" approach does not work: large campaigns need to tailor methods and messages for distinct target populations. User-friendly computer-based technology allows for easy downloading and customization of materials, including brochures, ad copy, fact sheets, posters, video clips, media kits, slide presentations, and many other communication materials.

5. **Cost-sharing groups can be formed at the local level.** Such groups can help to leverage funding by collectively buying ad space, handling distribution, partnering to share printing costs, generating public relations campaigns, and even advocating across agencies for common goals.

6. **Combine funding strategies and blend funding from a variety of sources beyond Proposition 10**. This will help build a public-investment approach that supports programs and provides for long term sustainability.

7. **Create dynamic and memorable materials and messages.**

V. Recommendations for Successful Campaigns

1. Establish criteria for effective outreach by examining what constitutes an ideal outreach program to be funded by Proposition 10.

2. Establish a balanced funding approach, in which some funds are targeted for primary prevention messages and other funds are for direct services. This strategy not only addresses current needs, but also creates assets such as stronger families, better parents, and healthier children in a larger population group. The highest-risk population is served concurrently by funded direct service program.

3. Engage priority populations in message creation, campaign development and implementation to increase the probability of success. We cannot emphasize enough the importance of program relevance, community ownership and value congruence enough.

4. Build in requirements for cost-accounting and cost-effectiveness evaluation for all campaigns funded. This will help the campaigners understand the cost per unit of change.

5. Fund evaluation sufficiently! It is general practice to provide an evaluation budget of 10-15% of the overall strategic campaign budget. Knowing how outreach programs effect the identified issues at all levels from within and from outside the identified population is priceless.

6. Design and produce materials that, while integrated with an overall state approach, are specifically created to be responsive to special of characteristics of local or unique populations.

7. A centralized production and clearinghouse could be created and funded to house digitized versions of *all materials* created, and could personalize them to each county or locale's specifications, thus contributing to the coordination of the campaign as well as the cost and overall resource effectiveness. In addition, this approach could make the entire campaign user-friendly and therefore more likely to be utilized by small, community-based organizations.

8. The State Proposition 10 Commission could play a coordinating role in linking groups with similar interests in order to produce linked and strategic comprehensive communication campaigns and reduce "shotgun" approaches. The evaluation literature repeatedly shows that shotgun multifaceted approaches don't work while focused single-issue campaigns do. A focused effort of this type would make the most effective use of Proposition 10 and other funding in producing desired outcomes.

9. Allocate campaign time and resources to produce positive outcomes at several different levels of risk. Changing outcomes at only the highest level of risk uses many campaign resources and has less chance for large-scale change in outcomes. Experience has shown a great deal of cost effectiveness when campaign resources are targeted toward several risk levels.

10. Campaign messages should be concrete and specific, organized to change specific knowledge, attitudinal, and behavioral factors, or legislative policy, and should not be used to change underlying values and belief systems.

11. Make sure that the strategic communications campaign is, in fact, strategic. To address this issue, it is important that the campaign be well integrated into a strategic program design that incorporates and accounts for all supported activities. Flow diagrams and pathway models[3] can help demonstrate how the strategic communications campaign serves the overall program strategy and outcome goals.

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3 Depictions of communications channels that describe how information is expected to flow within social systems or organizations.

12. During the refinement process, messages must be carefully tested for culture and values congruency with the priority population.

13. Campaigns will be most successful when they are broad-based, large-scale, highly focused efforts that are coordinated over large populations and/or geographic areas.

14. Campaigns should consider how to leverage funds by cultivating and using commercial and business sectors as partners in a strategic alliance to get a message out.

15. Campaigns that have employed professional advertising consultants based on their previous production of successful campaigns are the most likely to achieve their objectives.

VI. References

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Windahl S & Signitzer B (1992). Using Communication Theory: An Introduction to Planned Communication. Newbury Park, CA: Sage Publications.

VII. Appendix A: Maternal and Child Health Organizations to Contact

(Note: Many of these sites distribute or sell certain materials such as video, audio, print or multimedia training or educational materials that can be used in support of communications campaigns. That is, these materials should be assessed before a call is made to create new materials.)

ORGANIZATION NAME	WEBSITE ADDRESS
Administration for Children and Families	www.acf.dhhs.gov
Alan Guttmacher Institute	www.agi-usa.org
All Kids Count	www.allkidscount.org
Alliance to End Childhood Lead Poisoning	www.aeclp.org
American Academy of Pediatrics	www.aap.org
American Medical Association	www.ama-assn.org
Association of Maternal and Child Health Programs	www.amchp.org
Babyonline	www.babyonline.com
Back to Sleep Campaign	156.40.88.3/sids/sids.htm
Bright Futures	www.brightfutures.org
Centers for Disease Control and Prevention (CDC)	www.cdc.gov
Child Health USA	Nces.ed.gov/childstats
Child Trends	www.childtrends.org
Child Welfare League of America, Inc.	www.cwla.org
Children's Health Information Network	www.tchin.org
Connect for Kids	www.connectforkids.org
Department of Health and Human Services	www.dhhs.gov
Early Hearing Detection and Intervention Program-CDC	www.cdc.gov/nceh/programs/cddh/ehdi.htm
ETR Associates, Inc	www.etr.org
Every Child by Two	www.ecbt.org
Families USA	www.familiesusa.org
Family Voices	www.familyvoices.org
FedStats	www.fedstats.gov
Future of Children	www.futureofchildren.org
Girl Power!	www.health.org/gpower/
Head Start Bureau	www2.acf.dhhs/gov/programs/hsb
Health Care Financing Administration (HCFA)	www.hcfa.gov
Health Resources and Services Administration (HRSA)	www.hrsa.dhhs.gov
Healthy Kids (magazine)	www.healthykids.com
Healthy Mothers, Healthy Babies Coalition	www.hmhb.org
Healthy Start	www.healthystart.net
Healthy Tomorrows	www.aap.org/visit/htpcpgnt.htm
I Am Your Child	www.iamyourchild.org
Immunization Action Coalition	www.immunize.org

ORGANIZATION NAME	WEBSITE ADDRESS
Immunize for Healthy Lives	www.mcdonalds.com/community/health/indes.html
Institute for Child Health Policy	www.ichp.edu
Kids Count	www.aecf.org/aeckids.htm
La Leche League International	www.lalecheleague.org
March of Dimes Birth Defects Foundations	www.modimes.org
Maternal and Child Health Bureau	www.mchb.hrsa.gov/index.html
National Association of Child Advocates	www.childadvocacy.org
National Association of County and City Health Officials	www.naccho.org
National Association of Pediatric Nurse Associates and Practitioners	www.napnap.org
National Association of Social Workers	www.naswdc.org
National Information Center for Children and Youth with Disabilities	ww.nichcy.org
National Fathers' Network	www.fathersnetwork.org
National Organization on Adolescent Pregnancy, Parenting and Prevention	www.noappp.org
National Perinatal Information Center	www.npic.org
National PTA	www.pta.org
National Safekids Campaign	www.safekids.org
National Women's Health Information Center	www.4woman.gov
Nurturing	www.nurturing.ca
Office of Women's Health	www.cdc.gov/od/owh/whhome.htm
Parenthood Web	www.parenthoodweb.com
Parenting Magazine	www.parenting.com
Parent News	parent.net
Parentsplace	www.parentsplace.com
RAND	www.rand.org
Sudden Infant Death Syndrome and Other Infant Death Network	www.sids-network.org
State Vital and Health Statistics Data	Depts.washington.edu/hsic/phealth/state/state-vs.html
The Complete Mother	www.compleatmother.com
Today's Parent	www.todaysparent.com
WIC	www.fns.usda.gov/wic.regspublished/regspublished.htm
Zero to Three	www.zerotothree.org

VIII. Appendix B: Bibliography of Evaluated Maternal and Child Health Campaigns

(Note: Listed alphabetically by topic, except for articles about evaluation methodology, which are listed last.)

Asthma

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Breastfeeding Promotion

Parlato MB. *The use of mass media to promote breastfeeding.* International Journal of Gynaecology and Obstetrics, 1990, 31 Suppl 1:105-10; discussion 111-3.

Wolf JH. *Let us have more mother-fed babies: Early twentieth-century breastfeeding campaigns in Chicago and Minneapolis.* Journal of Human Lactation, 1999 Jun, 15(2):101-5.

Child Abuse and Neglect

Andrews AB, McLeese DG & Curran S. *The impact of a media campaign on public action to help maltreated children in addictive families.* Child Abuse and Neglect, 1995 Aug, 19(8):921-32.

Dental Health

Evans DJ, Howe D, Maguire A & Rugg-Gunn AJ. *Development and evaluation of a sugar-free medicines campaign in northeast England: Analysis of findings from questionnaires.* Community Dental Health, 1999 Sep, 16(3):131-7.

Exercise and Diet

Marcus BH, Owen N, Forsyth LH, Cavill NA & Fridinger F. *Physical activity interventions using mass media, print media, and information technology.* In American Journal of Preventive Medicine, 1998 Nov, 15(4):362-78.

Turrell G. *Compliance with the Australian Dietary Guidelines in the early 1990's: Have population-based health promotion programs been effective?* Nutrition and Health, 1997, 11(4):271-88.

Cavill N. *National campaigns to promote physical activity: Can they make a difference?* International Journal of Obesity and Related Metabolic Disorders, 1998 Aug, 22 Suppl 2:S48-51.

Immunization

Dietz V & Cutts F. *The use of mass campaigns in the expanded program on immunization: a review of reported advantages and disadvantages.* International Journal of Health Services, 1997, 27(4):767-90.

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Gore P, Madhavan S, Curry D, McClurg G, Castiglia M, Rosenbluth SA & Smego RA. *Persuasive messages: Development of persuasive messages may help increase mothers' compliance of their children's immunization schedule.* Marketing Health Services, 1998 Winter, 18(4):32-43.

Injury Prevention

Bergman A, Rivara F, Richards D & Rogers L. *The Seattle children's bicycle helmet campaign.* American Journal of Diseases of Children, 1990; 144: 727-731.

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King L, Thomas M, Gatenby K, Georgiou A & Hua M. *"First aid for scalds" campaign: Reaching Sydney's Chinese, Vietnamese and Arabic speaking communities.* Injury Prevention, 1999 Jun, 5(2):104-8.

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Schneider ML, Ituarte P & Stokols D. *Evaluation of a community bicycle helmet promotion campaign: What works and why.* American Journal of Health Promotion, 1993 Mar-Apr, 7(4):281-7.

Prenatal Care

Weiss R. *California media campaigns work for healthy infants.* Health Progress, 1997 Nov-Dec, 78(6):55, 60.

Product Safety

Soumerai SB, Ross-Degnan D & Kahn JS. *Effects of professional and media warnings about the association between aspirin use in children and Reye's syndrome.* Milbank Quarterly, 1992, 70(1):155-82.

SIDS

McKee M, Fulop N, Bouvier P, Hort A, Brand H, Rasmussen F, Kohler L, Varasovszky Z & Rosdahl N. *Preventing sudden infant deaths--the slow diffusion of an idea.* Health Policy, 1996 Aug, 37(2):117-35.

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Smoking Prevention

Baan B. *Prevention of smoking in young children in Holland: education and changing attitudes.* Lung, 1990, 168 Suppl:320-6.

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Campion P, Owen L, McNeill A & McGuire C. *Evaluation of a mass media campaign on smoking and pregnancy.* Addiction, 1994 Oct, 89(10):1245-54.

Teen Pregnancy

Witte K. *Preventing teen pregnancy through persuasive communications: Realities, myths, and the hard-fact truths.* Journal of Community Health, 1997 Apr, 22(2):137-54.

Methodology

Austin LS & Husted K. *Cost effectiveness of television, radio and print media programs for public mental health education.* Psychiatric Services, 1998, Jun 49(6): 808-11.

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IX. Appendix C: Common Theories and Models Used in Communications Campaigns

Diffusion of Innovations (Rogers, 1995) The theory of how new products, ideas, behavioral norms or other innovations are communicated through certain channels over time among members of a social system. The rate of adoption curves that are plotted to account for percentage change in a population that changes use or behavior patterns are S-curves, with a shallow curve showing a slower rate of adoption than a steeper curve. This theory extends to characteristics of adopters, innovations, decision-making and social systems to explain adoption rates.

Communication Persuasion Matrix (McGuire, 1989) McGuire presents a two-sided matrix model that describes campaign strategy and impact. The input side of the matrix includes variables from the Shannon/Weaver Model of communication, including Source, Message, Channel, Receiver Destination, that has to do with the characteristics of the campaign itself. The output side of the matrix has to do with how audiences process information, and includes a hierarchy of necessary steps before behavior change can occur: Exposure, Attention, Comprehension, Acceptance, Retention, Action. The important issue here is that at each step in this hierarchy there is a lower number or percentage of the audience who respond to the campaign, so that only a small number or percentage may actually take action at the end of the campaign. But when the campaign is large-scale and reaches many people, even though the percentage of change is low, it is usually many more persons than can be reached through strictly local initiatives.

Theory of Reasoned Action (Ajzen & Fishbein, 1980) The theory of reasoned action posits that changes in people's beliefs, attitudes, perceptions of social norms, and motivation to comply will change both intentions to act as well as subsequent actions. This linear and rational model assumes that social influences play a large role in shaping human cognition and action, and that depending on how salient specific issues are to people, there will be greater or lesser processing of change.

Social Cognitive Theory (Bandura, 1986) Social learning theory (or social cognitive theory) presumes that people learn directly from others, and often this is communicated through actions or examples. Thus people learn from imitating or "modeling" others, and the degree to which they can carry out actions has to do with their level of skills, as well as attitudes about their own capacity to perform the behavior (self-efficacy) and their belief that behavioral performance will lead to some desirable outcome (outcome expectation). This theory assumes that people have capacity for symbolic thought and can process cognitively what they need in order to act, and social norms influence thought and associated action.

Health Belief Model (Rostenstock 1974, Becker and Janz, 1984) This widely used model predicting health behavior change is based on the important role that cognition plays in predicting behavior. The basic tenets of the model are that people will take curative or preventive action for a condition if they believe that they are susceptible, if they believe that taking certain actions will be beneficial in reducing their susceptibility to the condition, and if they believe that the barriers to actions (or costs) are outweighed by benefits. Action is stimulated by reminders or "cues to action."

Stages of Change (Prochaska and Di Clemente, 1983) Also known as the transtheoretical model of stages of change, this model posits that persons can be found at different levels of awareness and motivation as regards health conditions and behaviors, and that education and outreach campaigns must have messages that are tailored to those different levels. The five levels conceptualized in this model are called precontemplation, contemplation, preparation, action, and maintenance, and have to do with the degree to which an individual is oriented and activated to change. The model also suggests a number of strategies that stimulate change in individuals, using many concepts from cognitive behavioral therapy.

Elaboration Likelihood Model (Petty and Cacciopo, 1984) Specifically of interest was the notion of central and peripheral routes of information processing, described in the Elaboration Likelihood Model (Petty & Cacciopo, 1984) or alternatively as heuristic and systematic information processing (Chaiken, 1980). In these models, information which is "centrally" or "systematically" cognitively processed through conscious logical or verbal means can lead directly to awareness change that is attributable to specific cues or stimuli (Petty & Cacciopo, 1984; Chaiken, 1980). However, information may also be processed indirectly through "peripheral" or "heuristic" cues such as pictures, stories, experiences, or emotional referents. When information is processed in this non-logical manner, respondents may change as a result of exposure but may not attribute changes to any specific source.

Advertising Effects Model (Stewart and Ward, 1994) According to one model of advertising, a message must be seen a few times to have any impact, more times to have maximum impact, and then the impact declines. Long exposure cycles to the same message can induce decline in effectiveness, or "advertising wearout." The S-shaped curve of the rate of awareness of the advertising campaign is similar to the S-shaped curve of the rate of adoption in diffusion of innovations theory.

Agenda Setting Model (McCombs and Shaw, 1972) In this model that originated in public opinion research and mainly has been applied to the news media, it has been shown that people give more importance or weight to subjects that are covered in depth or over time than to those subjects that are not well covered. A basic proposition of this model is that the media does not dictate what to think, but by selective (and some would argue biased) coverage of news, events and opinions, it does dictate what to think about.

Knowledge Gap (Freimuth 1990) In this model, it is seen that there is a group in society who are "chronically uninformed" or underinformed about health issues, whether availability of services, knowledge about disease or conditions, or prevention behaviors. These may be people who are poorer, have less education, have language or cultural barriers, or who are less integrated into mainstream culture. Campaigns can and do reach out to these hard-to-reach people.

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